

Library
Health Area Office,
Castle Green,
Launceston.

September 1953.

To The Chairman and Councillors of the
Rural District of Stratton.

Mr. Chairman and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1952.

The health of the people in the District, as far as can be judged by vital statistics has remained satisfactory. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

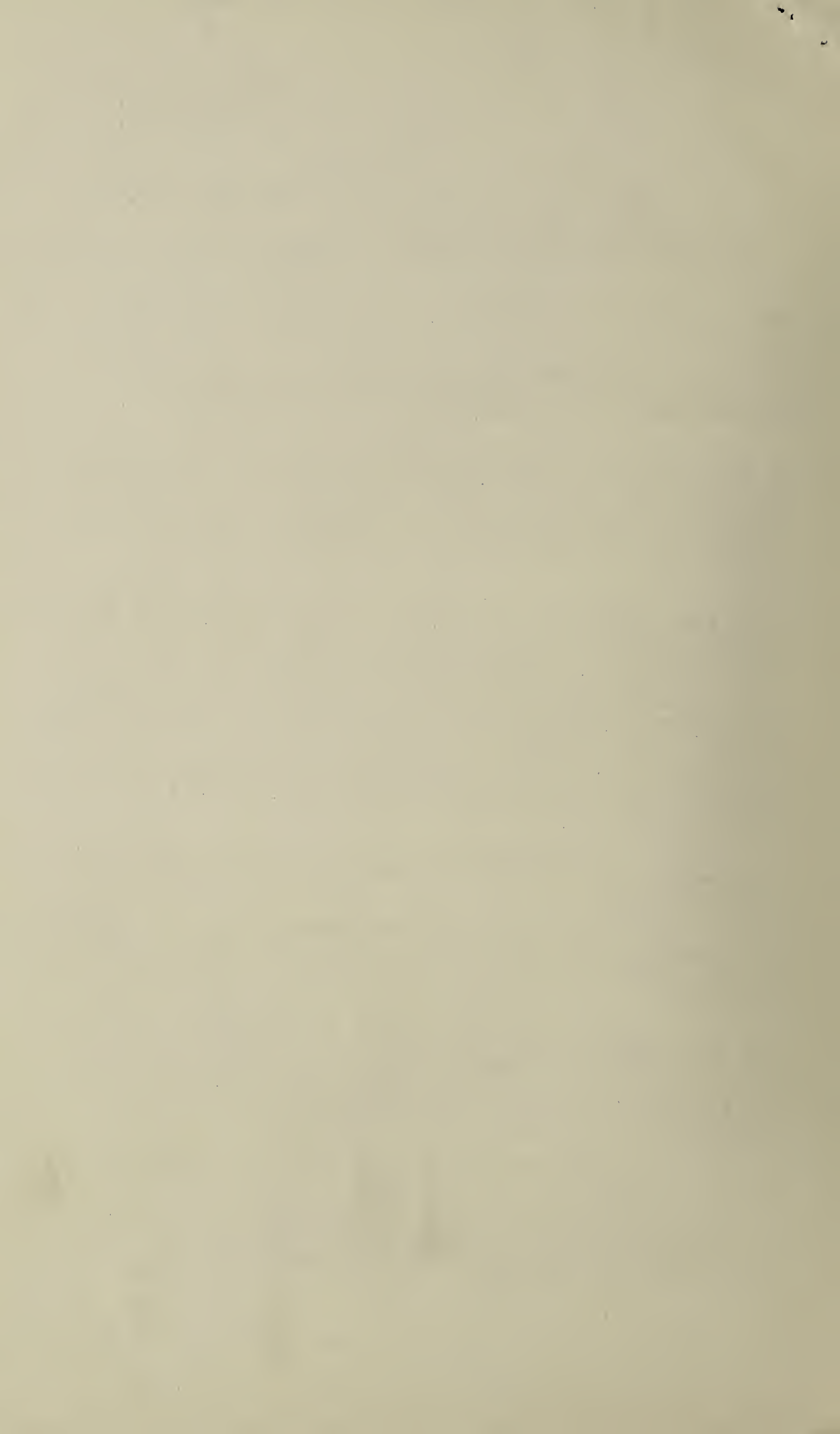
This year I have included Tables showing the trends since 1948, the first year for which accurate records are available. In this connection it may be pointed out that the value of an Annual Report of this type is largely as "history". Before 1939 most Authorities were in the habit of printing the Annual Report of the Medical Officer of Health and this practice was largely dis-continued during the war because of paper economies. I find that the Annual Reports of my colleagues elsewhere are again being printed, and, as I see it, this practice is an advantage as a more permanent record is provided, and also, a volume which can be used for health education and distribution to public libraries and various organising bodies in the Area.

Very few Infectious Diseases were notified during the year and there were again no cases of Smallpox, Diphtheria or Typhoid Fever.

As regards the Sanitary circumstances full details are given in Section "C" of this report, and I think the Council may take great credit for the progress which has been made in the district with regard to water supplies, sewerage and housing.

It will be seen from the report that 131 new houses have been completed since 1945 and that a number of unfit houses have been made fit for human habitation during the year, largely by informal action. It is imperative that the Council should remain alive to the need for securing either the demolition or renovation of unfit property in the district.

Since taking up this appointment in April 1952, I have been impressed by the close integration of District Council and Local Health Authority work in this area which is made possible by the type of appointment where one individual is responsible for the administration of all the preventive Services in the Area. The only improvement which can be envisaged would be a closer link with the Hospital Services.



I should like to take this opportunity of expressing my gratitude for the co-operation I have received from the General Medical Practitioners in the District. I wish to thank Mr. Yeo for the valuable assistance he has given me in the preparation of this Report. At the same time I take personal responsibility for any opinions expressed therein.

In conclusion I would like to express my appreciation of the help and encouragement I have received from the Council during the year.

I have the honour to be

Your obedient Servant,

W.H.P.Minto

Medical Officer of Health.

STRATTON RURAL DISTRICT COUNCIL.

Members of the Council

W.H.AXFORD (Chairman)	MES. K.M.ALFORD
E.E.CORY (Vice-Chairman)	J. CORY
J.H.GOAMAN	W.T.AXFORD
W.H.LITTLEJOHNS	R.METHERELL
E.J.MCOR	F.J.TREWIN
W.S.BRAY	J.C.BINES
S.P.GRYLLS	T.C.HONEY
A.F.BEADLE	J.JAMES
J.MARKS	J.B.GRILIS
W.E.SMEETH	W.S.LUCAS
R.J.BURDEN	E.J.SMEETH
F.WARD	F.T.COLWILL
G.FISHLEIGH	S.M.GUBBIN
J.H.TOMS	W.J.PETHICK

Public Health Officers of the Local Authority.

MEDICAL OFFICER OF HEALTH.

W.H.P.MINTO, M.B., Ch.B., D.P.H.

(appointed 23.4.52)

Also holds appointments of :-

Medical Officer of Health: Bude-Stratton Urban District Council
Launceston Rural District Council
Launceston Borough Council
Camelford Rural District Council

Assistant County Medical Officer, Area 6, Cornwall County Council

Assistant School Medical Officer, Cornwall County Council.

SANITARY INSPECTOR

A. L. YEO, A.R.I.C.S., A.R.S.I.

SECTION A.

SUMMARY OF VITAL STATISTICS.

Area ' in acres)	56,285
Population	5,595
No. of Separate Dwellings occupied	1,643
Rateable Value 1952	£26,763.
Products of ld. rate	£101. 18. 10d.

	<u>Total</u>	<u>Male</u>	<u>Female</u>	Rate per 1000 estimated population :-
Live Births				
Legitimate	89	44	45	16.44
Illegitimate	3	1	2	

	<u>Total</u>	<u>Male</u>	<u>Female</u>	Rate per 1000 estimated population :-
Stillbirths	2	2	-	.35

Deaths (all causes)	60	29	31	10.72
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Deaths from Puerperal Causes

Puerperal & post abortive Sepsis	N I L
Other Puerperal Causes	

Infant Mortality (Deaths under 1 year per 1000 live births:

5 Males 2 Females Rate - 76.08

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	2	7	9
Measles (" ")	-	-	-
Whooping Cough (all ages)	-	-	-
Diarrhoea (under 2 yrs.)	-	-	-

Natural and Social Conditions

Area (in acres) 56,285. The Rural District of Stratton is mainly agricultural in character and the tourist industry in the coastal area forms an important part of the community life.

Population. The Registrar General has estimated the population for the mid-year to be 5,595 compared with 5,635 in the previous year. The "Natural increase" in the population is an excess of births over deaths. In 1952 there were 50 deaths and 92 births, 32 more births than deaths.

Deaths. The total number of deaths assigned to the District for the year was 60 compared with 92 in 1951. The crude death rate based on the mid-year population was 10.72 compared with 16.32 in the previous year. The following table has been compiled for comparison with previous years :-

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1948	71	33	38	13.95
1949	67	34	33	12.58
1950	63	31	32	11.29
1951	92	54	38	16.32
1952	60	29	31	10.72

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.88 for this District.

The Standardised Death Rate, therefore, is 9.43 which may be compared with that of 11.3 for England and Wales.

Births. The number of live births assigned to this District was 92 compared with 88 in 1951. The rate per thousand of the population is 16.44. When the Registrar General's Area Comparability Factor for births (1.15) is applied to this figure, the Standardised Birth Rate is 18.90 for this District compared with 15.3 for England and Wales.

Stillbirths. The number of stillbirths during 1952 was 2 - Males.

Illegitimate Births. There were 3 illegitimate births assigned to the District during the year, 1 male and 2 females, compared with 4 in 1951.

Maternal Mortality. No cases of death during pregnancy have been recorded.

Infant Mortality. The number of infants who died before reaching their first birthday was 7. 5 males and 2 females.

Causes of Death of children under one year.

Cause	Age in Weeks						TOTAL
	-1	-2	-3	-4	5 - 52		
Spinal Bifida	1F						1
Intercranial haemorrhage	1F						1
Meningitis - neonatal infection	1M						1
Premature Birth	1M						1
Virus pneumonia	1M						1
Cerebral haemorrhage	1M						1
Myocardial failure - pink disease.						1M	1
							7

MORTALITY TABLE.

Classified in accordance with 36 headings
based on the Abbreviated List of the
International Statistical Classifications
of Diseases, Injuries and Causes of Death 1948.

<u>Cause of Death</u>		<u>Male</u>	<u>Female</u>	<u>Total</u>
1.	Tuberculosis, respiratory	1	1	2
2.	Tuberculosis, other	1	1	2
3.	Syphilitic disease	1	1	2
4.	Diphtheria	1	1	2
5.	Whooping Cough	1	1	2
6.	Meningococcal infections	1	1	2
7.	Acute Poliomyelitis	1	1	2
8.	Measles	1	1	2
9.	Other infective and parasitic diseases	1	1	2
10.	Malignant neoplasm, stomach	1	2	3
11.	Malignant neoplasm, lung, bronchus	1	1	2
12.	Malignant neoplasm, breast	1	1	2
13.	Malignant neoplasm, uterus	1	2	3
14.	Other malignant and Lymphatic neoplasms	1	2	3
15.	Leukaemia, aleukaemia	1	1	2
16.	Diabetes	1	1	2
17.	Vascular lesions of nervous system	1	4	5
18.	Coronary disease, angina	2	1	3
19.	Hypertension with heart disease	2	1	3
20.	Other heart disease	7	9	16
21.	Other circulatory disease	2	1	3
22.	Influenza	1	1	2
23.	Pneumonia	2	1	3
24.	Bronchitis	1	1	2
25.	Other diseases of respiratory system	1	1	2
26.	Ulcer of stomach and duodenum	1	1	2
27.	Gastritis, enteritis and diarrhoea	1	1	2
28.	Nephritis and nephrosis	1	1	2
29.	Hyperplasia of prostate	1	1	2
30.	Pregnancy, childbirth, abortion	1	1	2
31.	Congenital malformations	1	1	2
32.	Other defined and ill-defined diseases	6	5	11
33.	Motor vehicle accidents	1	1	2
34.	All other accidents	3	1	4
35.	Suicide	1	1	2
36.	Homicide and operations of war	1	1	2
		29	31	60

SECTION B.

General Provision of Health Services
in Stratton Rural District.

General Medical Services. General Practitioners. The population is provided with general medical services under Part 4 of the National Health Service Act, 1946 by the General Practitioners resident in the District and in adjoining Districts.

Midwifery and Home Nursing. Midwifery Services in the district are provided by (i) the family doctor - ante and post-natal care and home confinements. (ii) the County Council - district midwives. (iii) the Regional Hospital Board - hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at The Castle Green, Launceston for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domiciliary confinement. Trebarras Nursing Home, Liskeard, is also still available for this purpose.

Health Visiting. The County Council continues to provide a Health Visiting Service. The Nurse Midwives are responsible for health visiting in the District and are specially trained in the care of the mother and young child. They are available to give advice on health matters in the home or at the Clinic and also act as school nurses.

Home Help Service. The Home Help Service is provided by the County Council and there is a local Home Help Organiser in Bude.

Ambulance Service. The County Council is responsible for the Ambulance Service, the day to day administration of which is carried out from the Health Area Office.

Hospital Car Service. "Utilecon" sitting case ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

School Health. The County Council provides an extensive school health service. Your Medical Officer of Health in his capacity of Assistant School Medical Officer carries out routine and special examinations of the children and schools and immunisation.

Infant Welfare Centre. A fortnightly Infant Welfare Clinic is held at The Castle, Bude. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

Dental Clinic. In June 1952 a School Dentist was appointed to be based on Launceston, and he works at the County Council Dental Clinic in The Castle, Bude on one day each week. This should, in time, overcome the results of the lack of a Dental service for school children which was mentioned in my Report for 1951.

Speech Therapy Clinic. In the past a Speech Therapy Clinic for school and pre-school children, has been provided by the Cornwall County Council at the Health Area Office, Launceston, but during the year under review no sessions have been held because of difficulty in securing the appointment of a Speech Therapist. It is hoped that in the near future an appointment will be made, and thus this valuable work will be resumed.

Ophthalmic Clinic. The Regional Hospital Board Eye Specialist holds an Eye Clinic for school children and children under school age at The Castle, Bude. This Clinic is arranged as and when a suitable number of children become available.

Orthopaedic Clinic. Also provided by the Regional Hospital Board at The Castle, Bude is an Orthopaedic Clinic held weekly.

Out-patients' Clinics. Out-patient facilities are available at Stratton Cottage Hospital for Medical, Surgical, Gynecology, and Ear, Nose and Throat patients. The Regional Hospital Board also provides Out-patient clinics at The Launceston Hospital for Medical, Surgical, Gynecological, Skin, Ear, Nose and Throat and Tuberculosis patients. A Physiotherapy Clinic is available at the Tavistock and Holsworthy Hospitals. A Psychiatric Clinic is held at the South Devon and East Cornwall Hospital, as is also a Venereal Diseases Clinic.

Chronic Sick. Accommodation is available for chronic sick cases at St. Mary's Hospital, Launceston, and limited Part III accommodation is also provided there for those cases who come under the care of the Welfare Authority (Cornwall County Council). The Bude Old People's Home, which is managed by a voluntary Committee, provides accommodation for old people.

Hospitals. The District is served by Stratton Cottage Hospital and patients are admitted to the following hospitals in Plymouth :- Prince of Wales, Mount Gold, South Devon & East Cornwall, Royal Albert (Devonport), Alexandra Maternity and the Royal Eye Infirmary. The Scott Isolation Hospital admits cases of Infectious Diseases from the District. Cases of Tuberculosis requiring sanatorium treatment are as a rule admitted to Didworthy or Tehidy Sanatorium.

Mental Health. Patients from the District who require hospital care and/or treatment for mental illness are admitted either to St. Lawrence Hospital, Bodmin, Lanwel House, Bodmin, or Moorfields Hospital, Ivybridge.

After-care is a function of the County Council.

Laboratory facilities. The Public Health Laboratory, Dix's Field, Exeter, is the easiest of access from this District and it renders valuable service towards the detection and prevention of spread of diseases in the District.

SECTION C.

SANITARY CIRCUMSTANCES.

1. (1) Water

Two of the ten Parishes comprising this Council's area, namely Marhamchurch and Poundstock, are within the statutory water area of the Bude-Stratton Urban District.

Marhamchurch. The village of Marhamchurch is supplied by the Bude-Stratton Urban District main supply, which is adequate and satisfactory in all respects. 110 houses are provided with a full main supply, providing for a population of 385 persons.

Widemouth, Poundstock. The Widemouth main water supply is provided by the Private Water Supply Company who purchase the water in bulk from the Bude-Stratton Urban District Council.

A serious shortage of water occurred at Widemouth during the peak of the summer months in consequence of the heavy demand made on the Urban District Council's supply within their area due to the influx of summer visitors.

The private Water Company attempted to overcome this difficulty by sinking a borehole to supplement the existing supply, but unfortunately the borehole was not successful.

It is generally accepted that major alterations in connection with the Urban District Council's supply will be necessary before any considerable improvement could be effected in the quantity of water delivered at Widemouth during the peak season.

97 houses are provided with a full mains supply.

Kilkhampton. The water supply at Kilkhampton is derived from two boreholes which serves with a full main supply 42 dwellinghouses, 2 schools and Public Conveniences, and a further 57 dwellinghouses draw their supply from this source through standpipes, and 58 continue to use their own private wells.

The quality of the water from both boreholes is satisfactory.

Grimscott, Launcells. During the year the supply from the borehole at Grimscott has been laid on to the Council's new Housing Estate, and it is hoped during the coming year to make the supply available to the remainder of the hamlet.

The supply from the borehole is abundant and the quality of the water is satisfactory.

At the time of writing this report 8 houses are supplied from this source and further houses are in course of erection.

St. Gennys. Negotiations for the taking over of the privately owned water supply distribution scheme at St. Gennys, which has been augmented throughout the year from the borehole owned by the Council, are virtually completed. The supply from the borehole continues to be satisfactory both in quality and quantity, and the Council propose, at the earliest opportunity, to re-place the existing small diameter distribution pipes with 3" diameter Asbestos pipes.

35 houses are supplied with water from this scheme.

Week St. Mary. Details of a water supply scheme for this village have now been submitted to the Ministry of Housing and Local Government, and the Council's proposal to utilise the borehole which was sunk in 1951 have been approved in principle.

Woodford, Morwenstow. During the year the supply from the borehole has been laid on to this village, and up to the present 26 dwellinghouses and 2 farms are now receiving a full main supply.

The yield of the borehole and the quality of the water have continued to be satisfactory.

Bangors, Poundstock. A borehole has been sunk on the Bangors Housing Estate at Poundstock to serve the 16 Council houses already erected and a further 12 houses which the Council contemplate erecting at a later date.

A 14 days' continuous pumping test was carried out during June and an average yield of 8513 gallons per day was obtained.

The quality of the water is entirely satisfactory.

Generally. The remainder of the Council's area is dependent on wells and springs.

Plumbo-Solvency. None of the piped supplies in my Council's area have a plumbo-solvent action.

(2) Drainage and Sewerage.

The sewerage and sewage disposal arrangements in the district are as follows :-

Morwenstow. Sewerage and Sewage Disposal Schemes are provided in the hamlets of Shop, Woodford, Woolley and Goosham.

Kilkhampton. The condition of the present sewage outfalls at Kilkhampton continue to be entirely unsatisfactory.

As a result of a deputation being sent by the Council to the Ministry of Housing and Local Government, permission has now been received to invite tenders for the major portion of the proposed Sewerage and Sewage Disposal Scheme for this village, and it is hoped that an early start will be made with the carrying out of the necessary work.

Grimscoth, Launcells. Permission has also been received to invite tenders for the Sewerage and Sewage Disposal Scheme for this hamlet, and it is anticipated that the scheme will be commenced early in the new year.

Marhamchurch. The greater part of the village is sewered, but an extension to the existing sewerage system is still required to abolish the unsatisfactory outfall near the Buller's Arms.

Whitstone. The hamlet of Boot is provided with a Sewerage and Sewage Disposal system.

Bangors, Poundstock. This hamlet is provided with a Sewerage and Sewage Disposal system which also serves the Council's Housing Estate.

Widemouth Bay, Poundstock. During the year an improvement has been effected to the existing Sewage Disposal arrangements at Widemouth by the reconstruction of a filter bed.

Treskinnick Cross, Poundstock. A small Sewerage and Sewage Disposal scheme has been provided to the hamlet of Treskinnick Cross, Poundstock, which involved the laying of 233 yards of sewer and the construction of a sewage disposal works consisting of settling tank, filter and sludge drying beds.

Week St. Mary. The Council hope that they will obtain the permission of the Ministry of Housing and Local Government to proceed with the proposed Sewerage and Sewage Disposal Scheme for this village during the coming year.

2. Rivers and Streams. No complaints regarding pollution have been received during the year.

3. (1) Closet Accommodation. Seventeen pail closets or privies have been converted to water closets during the year.

(2) Public Cleansing. There are three recognised refuse dumps in the Council's area. These are at Woolley, Morwenstow, Herdacott Lane, Kilkhampton, and at Poundstock.

Refuse collection is undertaken by the Council in all Parishes as set out hereunder :-

<u>Parish</u>	<u>Date of Collection.</u>
<u>Morwenstow</u>	Last Saturday in each month.
<u>Kilkhampton.</u>	Each Saturday from June to September.
	Fortnightly from October to May.
<u>Stibb, Kilkhampton.</u>	Second Saturday in each month.
<u>Launcells.</u>	First Saturday in each month.

<u>Parish</u>	<u>Date of Collection</u>
<u>Marhamchurch</u>	Each Monday from May to October. Fortnightly from November to April.
<u>Week St. Mary.</u>	First Friday in each month.
<u>Whitstone.</u>	" " "
<u>North Tamerton.</u>	" " "
<u>St. Gennys.</u>	Last Thursday in each month.
<u>Jacobstow.</u>	First Tuesday in each month.
<u>Widemouth Bay.</u>	Each Monday.
<u>Poundstock.</u>	Each Monday from June to September. Fortnightly from October to May.

Public Conveniences.

Public Conveniences are provided by the Council at Widemouth Bay, Poundstock, Kilkhampton and at Crackington Haven, St. Gennys.

- | | | |
|-----|----------------------------------|--|
| (3) | <u>Smoke Abatement.</u> | No action has been necessary. |
| (4) | <u>Swimming Baths and Pools.</u> | None |
| (5) | <u>Eradication of Bed bugs</u> | A certain amount of bedding sent to the district from the Lynmouth Disaster Fund was found to be infested with bed bugs. This was destroyed. |

4. Schools.

The unsatisfactory privy closets which existed at Whitstone have now been replaced by an up-to-date system of water closets.

No steps have yet been taken by the County Council to provide water closets in place of the existing pail closets at North Tamerton and Bangors (Poundstock) Schools, despite the fact that sewerage schemes have now been provided in both these hamlets by this Council.

National Assistance Act, 1948

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health.

In November 1952 the Medical Officer of Health was authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act 1948, as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons who -

(a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and

(b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

Camping Sites.

Number of Sites in respect of which licences have been issued under Section 269 of the Public Health Act, 1936

SECTION D.

H O U S I N G

Housing Statistics.

Since the Council's Post war Housing Programme began in 1945, 131 houses have been completed and a further 8 are under construction.

Number of new houses erected during 1952	25
By the Local Authority	22
By other persons	3

Inspection of Dwellinghouses during the year :-

(1)	(a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	164
	(b)	Number of inspections made for the purpose	180
(2)	(a)	Number of dwellinghouses (included under sub-head (1) which were inspected and recorded under the Housing Consolidated Regulations 1925.....	17
	(b)	Number of inspections made for the purpose.....	17
(3)		Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
(4)		Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	76

Remedy of defects during the year without service of formal notice.

Number of dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	42
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Action under Statutory powers during the year

(a)	Proceedings under Section 9,10 and 16 of the Housing Act, 1936	
(1)	Number of houses in respect of which notices were served requiring repairs	Nil
(2)	Number of houses which were rendered fit after service of formal notice	
	(a) by Owners.....	Nil
	(b) by Local Authority in default of Owners.....	Nil

(b)	Proceedings under Public Health Acts.	
(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	2
(2)	Number of dwellinghouses in which defects were remedied after service of formal notices	
(a)	by Owners	Nil
(b)	by Local Authority in default of Owners.....	Nil
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936	
(1)	Number of dwellinghouses represented under Sec. 11	3
(2)	Number of dwellinghouses in respect of which Demolition Orders were made	Nil
(3)	Number of dwellinghouses demolished	1
(4)	Number of dwellinghouses rendered fit by Owner	1
(5)	Number of dwellinghouses where undertakings not to relet at end of present tenancy were accepted from the Owner	1
(d)	Proceedings under Section 12 of the Housing Act, 1936	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	Nil
(e)	Proceedings under Sections 25 and 26 of the Housing Act, 1936	
(1)	Number of houses dealt with under Section 25	Nil
(2)	Number of Clearance Orders made under Section 26	Nil
(3)	Number of families living in Clearance Areas.....	Nil

Housing Act, 1936 - Part IV - Overcrowding :-

(a)	(i)	Number of dwellings overcrowded at the end of the year	1
	(ii)	Number of families dwelling therein	1
	(iii)	Number of persons dwelling therein	9
(b)		Number of new cases reported during the year	1
(c)	(i)	Number of cases of overcrowding relieved during the year	Nil
	(ii)	Number of persons concerned in such cases	Nil
(d)		Particulars of any cases in which dwelling houses have again become overcrowded after the local Authority have taken steps for the abatement of overcrowding	Nil

This is the only outstanding case of Statutory overcrowding in the Rural District and it is the more serious as the family occupies a house which is itself unfit for human habitation and which cannot be made fit at reasonable cost. It has been represented to the Council that it has a Statutory duty to take steps to abate the overcrowding, but to date no positive action has been taken on the grounds that the Council is not able or prepared to rehouse the tenants at present. I contend that the Council has a duty to abate the overcrowding by serving a Notice on the owner and that the question of rehousing is really a side issue.

There can, of course, be no doubt that the Council has a moral duty to rehouse this family, if not a statutory one, and in this connection it should be pointed out that the District has been most progressive and far sighted in regarding the provision of water supplies and sewerage schemes in the past as a district and not a parish responsibility. It seems, therefore, more astonishing that the letting of new Council houses should lie entirely in the hands of the local parish Council representatives. It is, of course, essential that local representatives should have a large say in the allocation of houses in their parish, but where there is exceptionally urgent need for rehousing, the Council as a whole or one of its Committees should retain the right to allocate any house in any parish to any family. There are a number of "problem families" in the district whose rehousing depends on the establishment of this principle.

SECTION E.

Inspection and Supervision of Food.

- (a) Milk Supply. There are no "Distributors" within the meaning of the Regulations in the Council's area.
- (b) Meat and other Foods. There are no slaughterhouses in the district.

Bake-houses have been inspected and are well kept.

Summary of food condemned :-

10 lbs. 3 oz. Ham
1 Bovine heart
26 tins Sweetened Milk
14 tins Fruit
1 tin Mincemeat
13 tins Luncheon Meat
1 box Cheese spread.
1 tin Minced Beef loaf
1 tin Beetroot
1 tin Sardines
1 tin Stewed steak
1 tin Rabbit
3 tins Sild
1 tin Carrots
5 jars Peaches.

- (c) Adulteration, etc. No action required.
- (d) Chemical and Bacteriological Examination of Foods. No action required.
- (e) Nutrition No action required.
- (f) Shell-fish No beds in the district.

Shops. The shops in the district are very small and are maintained in a reasonably satisfactory manner.

Prevalence of, and Control over, Infectious and
other Diseases.

Smallpox.

No case was reported during the year under review. It must be remembered, however, that an increasing number of persons who are incubating Smallpox arrive in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the District for 1952 (set out below) give no cause for complacency :

Vaccination -	43
Re-vaccinated -	10

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications.

Diphtheria

No cases were recorded during the year. The number of children immunised during 1952 was :

Primary Immunisation -	74
Boosters -	103

Immunisation is carried out at the Infant Welfare Centre, The Castle, Bude, and also when required at School Medical Inspections.

Application for immunisation can be made to the Cornwall County Nurses or arrangements can be made with General Practitioners under the National Health Service Act, 1946. It should be pointed out that although as a result of Immunisation very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to unprotected children it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

Measles and Whooping Cough.

Here again it is the level of immunity in the population that matters, and the table below shows the notifications of Measles and Whooping Cough during the past 5 years :-

	<u>Measles</u>	<u>Whooping Cough</u>
1948	-	3
1949	-	10
1950	-	19
1951	68	14
1952	1	14

An efficient Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease, which, while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is afforded under the same arrangements as those described above for Diphtheria.

Acute Poliomyelitis.

2 cases of Poliomyelitis were notified in the district during 1952 and both were paralytic. There were no deaths.

Food Poisoning.

No cases were reported during 1952.

Tuberculosis.

	Males		Females	
	Pul.	Non. Pul.	Pul.	Non. Pul.
Cases on Register 31.12.51	10.	3	5	5
No. of cases notified during 1952	-	-	1	-
Cases restored	-	-	-	-
Inward Transfers	-	-	-	-
Cases removed	1	3	1	4
Cases on register 31.12.52	9	-	5	1

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from Tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Mellor) at the Chest Clinic at Launceston Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable and essential "liaison officer" between the curative and preventive services, bridges a most alarming gap.

It may be of interest to note that at the end of 1952 all susceptible contacts of known cases in the district had been offered B.C.G. Vaccination. By the end of 1952 65 persons had received this protection in Area No. 6.

TABLE 1

TUBERCULOSIS.

Age and Sex distribution of Cases and Deaths - 1952.

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other.</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	-	1	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-
	-	1	-	-	-	-	-	-

TABLE II

VITAL STATISTICS.

Summary for Previous Years.

<u>Year</u>	<u>Estimated Population</u>	<u>BIRTHS</u>		<u>DEATHS</u>			
		<u>No.</u>	<u>Crude Rate.</u>	<u>Under 1 year.</u>		<u>All Ages</u>	
				<u>No.</u>	<u>Rate.</u>	<u>No.</u>	<u>Crude Rate.</u>
1948	5,090	96	18.86	5	52.8	71	13.95
1949	5,322	87	16.34	2	22.98	67	12.58
1950	5,577	84	15.06	3	38.96	63	11.29
1951	5,635	88	15.61	1	11.36	92	16.32
1952	5,595	92	16.44	7	76.08	60	10.72

TABIE III

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES.

(Other than Tuberculosis)

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Whooping Cough	1	-	-	-	-	-	-	1	4	-	5	3
Measles	-	-	-	-	-	-	-	1	-	-	-	-
Scarlet Fever	-	-	1	-	-	-	-	-	-	-	-	-
Pneumonia	-	-	-	1	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	2	-	-	-
Poliomyelitis - Non-paralytic.	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery.	-	-	-	-	-	-	-	-	-	-	-	-
	1	-	1	1	-	-	-	2	6	-	5	3

TABLE IV

Notification of Infectious Diseases in
Cornwall County Council, Area 6, during
1952.

	Whooping Cough		Measles		Scarlet Fever		Pneumonia		Erysipelas		Food Poisoning		Dysentery		Meningococcal Infection		Poliomyelitis (Paralytic)		Puerperal Pyrexia		Paratyphoid Fever	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Stratton Rural District	7	7	-	1	-	1	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-
Launceston Borough	-	-	-	1	-	1	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Launceston Rural District	-	1	1	-	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-
Bude-Stratton Urban District	3	2	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	1
Camelford Rural District	20	25	4	4	1	-	6	1	-	-	3	2	1	1	-	-	-	-	1	-	-	-
	30	35	5	6	1	3	9	4	1	-	3	3	1	1	-	1	1	1	1	2	-	1

SECTION G.

Factories Act, 1937

Classified List of Registered Factories
as at 31st December, 1952.

Nature of employment	Power	Non-power
1. Carpentry, Joinery and Sawmills	1	2
2. Garages, Repair shops and Engineers.	8	7
3. Plumbers	-	2
4. Food Manufacture	3	1

Sanitary Inspection of the Area.

Total number of inspections made for all purposes...	1606
New Private Water Supplies provided.....	20
No. of samples of water analysed	22
Satisfactory 18; Unsatisfactory 4.	
Existing water supplies improved	2
Number of houses connected during the year to	
the Council's mains	47
Pail or Privy Closets converted to Water Closets....	17
New drains laid to existing premises	17
Existing drains repaired	4
Complaints received	15
Nuisances abated	12
No. of bakehouse inspections	7
Premises disinfected.....	6
No. of inspections of Sewerage and Sewage Disposal	
Works	73
Camping sites.....	14
Offensive trades	Nil

